

Medical Services Division ND Dept of Human Services 600 E Boulevard Ave, Dept. 325 Bismarck, ND 58505-0261 (701) 328-2321 Fax (701) 328-1544

## **Attention Referral and Managed Care Units, Physicians, RNs:**

## OUT-OF-STATE REFERRALS PRIOR AUTHORIZATION REQUIREMENTS

- Out-of-state services at sites more than <u>fifty</u> statute miles from the North Dakota border must be prior authorized. (Exception: Canadian services are not covered.)
- The recipient's Primary Care Physician must submit a written request to the Medicaid program for authorization for out-of-state services at least two weeks before scheduling an appointment. Requests must include:
  - 1) recipient's name, Medicaid ID number and date of birth,
  - 2) diagnosis,
  - 3) medical information supporting the need for out-of-state services,
  - 4) a written second opinion from an appropriate in-state board certified specialist, following a <u>current</u> (within 3 months) examination, which substantiates the medical need for out-of-state care,
  - 5) the physician and facility being referred to, and
  - 6) assurance that the service is not available in North Dakota.
- The Medicaid office determines if the referral meets state requirements and approves or denies the request in writing. A copy of the determination is sent to the primary physician, out-of-state provider(s), recipient and county social service office.
- Emergency out-of-state services are allowable at the in-state physician's discretion but are subject to Medicaid review and denial of claims. The transferring facility must notify ND Medicaid within 48 hours of the transfer. Documentation must include: destination and date of transfer, mode of transportation and discharge summary. If the trip was less than 50 miles, the facility must verify why air ambulance, rather than ground ambulance was used.
- Claims from out-of-state providers <u>will not</u> be paid without written prior authorization.
- Recipients of HMOs are not subject to prior authorization requirements, but are subject to prior authorization requirements as established by the HMO.
- The recipient's County Social Service Office is responsible for assisting the recipient with arrangements for travel, lodging and meals.